

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9676	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name LOUIS CUNEO CUNEO P O Box Bldg Room No if any Street 87-09 34th St, Apt. 2C City JACKSON HEIGHTS State NEW YORK ZIP Code 11372	4 Name file number and address of labor organization Name UFCW Local 1-D Labor Organization File Number 012-289 P O Box Building and Room Number if any Street 8102 18th AVENUE City BROOKLYN State NEW YORK ZIP Code + 4 11214
5 Position in labor organization Vice President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instruction)

<p>A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7 a Nature of Interest, Transaction or Income</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>7 b Amount.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date _____

Telephone Number

Name of Person Filing <u>LOUIS CURCIO</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u>UFCW LOCAL 1-D</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>84-02 18TH AVE</u> City <u>BROOKLYN</u> State <u>NY</u> ZIP Code + 4 <u>11214</u>	14 a Nature of payment <div style="border: 1px solid black; padding: 10px; margin-top: 5px;"> <u>ALLOWANCE \$ 800</u> </div> 14 b Amount of payment <u>\$ 800</u>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	